



# CITY OF SEATTLE

## Revenue and Consumer Affairs

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www.cityofseattle.net/rca/

### FOR OFFICE USE ONLY

CUSTOMER Number \_\_\_\_\_

OBL. NR. \_\_\_\_\_ AMT. \_\_\_\_\_

OBL. NR. \_\_\_\_\_ AMT. \_\_\_\_\_

OBL. NR. \_\_\_\_\_ AMT. \_\_\_\_\_

## APPLICATION FOR BUSINESS LICENSE Annual Fee \$90.00

*The license is for the calendar year, January through December. For a business that opens July 1 or thereafter, the half-year fee is \$45.00\**

*The half-year fee does NOT apply to any years prior to 1998. The Seattle business license expires December 31.*

*\*If worldwide annual gross income and/or value of products is estimated as \$20,000 or less, the license fee is \$45.00 (\$22.50 for half-year fee).*

## PLEASE PRINT OR TYPE - COMPLETE BOTH SIDES OF THE APPLICATION

Your business will be assigned a City of Seattle CUSTOMER NUMBER. Refer to the Customer Number in any future correspondence relating to your license. Let us know if you previously had a Seattle business license. The account will be deemed a reinstatement ONLY if it has been closed for at least 12 months.

Please provide the information in the first section if it is available. The ID numbers are not required to obtain a City of Seattle business license.

State of Washington UBI # \_\_\_\_\_ FEIN \_\_\_\_\_

State of Washington Contractor # \_\_\_\_\_ City of Seattle Vendor ID # (if applicable) \_\_\_\_\_

Internet Address (if applicable) \_\_\_\_\_

S.I.C. Code \_\_\_\_\_ (office use only)

Have you previously had a Seattle Business License? ☐ YES ☐ NO

N.A.I.C.S. Code \_\_\_\_\_ (office use only)

### PLEASE COMPLETE ALL SECTIONS BELOW and the REVERSE SIDE OF THIS FORM PROVIDING the BUSINESS INFORMATION

**TYPE OF BUSINESS** (Check ONE) ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Other \_\_\_\_\_

Is the business a non-profit organization? ☐ Yes ☐ No (Non-profit organizations are required to be licensed and file tax returns as all other businesses.)

**LEGAL NAME OF BUSINESS ENTITY** \_\_\_\_\_

(If a sole proprietorship, please list your legal name, last name first, and include any middle initial.)

**TRADE NAME** or dba (doing business as) \_\_\_\_\_

WHAT IS THE **STARTING DATE OF BUSINESS IN SEATTLE?** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If the business was operating in Seattle before the current year, prior years' license fees, taxes, penalties and interest may be due.

**Zoning Limitations** - A business license does not authorize the holder to conduct business in violation of any zoning ordinance.

The location of your business should be indicated below. You must list a physical address (a post office box or mail drop is not considered a physical address).

**PHYSICAL BUSINESS LOCATION:** \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

IS THIS LOCATION BEING **ADDED AS A BRANCH ONLY** TO AN **EXISTING LICENSE?** ☐ YES ☐ NO

Mailing address for LICENSE & RENEWAL \_\_\_\_\_

☐ SAME AS ABOVE

ADDRESS

CITY

STATE

ZIP

Mailing address for TAX FORMS \_\_\_\_\_

☐ SAME AS ABOVE

ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE: \_\_\_\_\_ - \_\_\_\_\_ CELLULAR PHONE \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_

**LIST OTHER BUSINESS LOCATIONS IN SEATTLE** - Each BRANCH LICENSE FEE is \$10.00 per year (attach a separate sheet, if needed).

TRADE NAME ADDRESS SEATTLE ZIP CODE TELEPHONE "Separate" tax reporting status?

☐ Yes ☐ No

☐ Yes ☐ No

PLEASE COMPLETE THE BACK SIDE OF THE APPLICATION - ALL INFORMATION AND A SIGNATURE IS REQUIRED TO PROCESS



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**NATURE OF BUSINESS:** Check all that apply and provide detail below. THIS INFORMATION should be as detailed as possible.

☐ Manufacturing-Extracting ☐ Printing & Publishing ☐ Tour Operator ☐ Wholesale ☐ Retail ☐ Service ☐ Transportation ☐ Other \_\_\_\_\_

☐ Utility Services (telephone services, pager services, cable television franchise) ☐ Charging Admission for Events/Shows ☐ Gambling Activity

DOES YOUR BUSINESS OWN OR OPERATE PRICE SCANNING EQUIPMENT? ☐ YES ☐ NO

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(s) OR SERVICE(s) RENDERED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Additional licenses or endorsements may be required depending on the business activity - please see instruction sheet under regulatory licenses.

**NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE OFFICERS, AND RESIDENT AGENTS:** List true name(s), residence address, telephone number and date of birth of the sole proprietor or all partners or corporate officers/directors and their titles (attach a separate sheet, if needed).

NAME AND TITLE RESIDENCE ADDRESS CITY, STATE, ZIP TELEPHONE DATE OF BIRTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TAX REPORTING STATUS -** Seattle BUSINESS LICENSE TAX FORMS must be filed by every business, **EVEN IF NO TAX IS DUE.**

Based on the taxable revenue for your business as described below, please check one of the following reporting frequencies:

☐ **QUARTERLY** - Estimated taxable revenue will exceed \$50,000 per year for entire entity - main location and branches (tax is due every quarter).

☐ **ANNUAL** - Estimated taxable revenue will be less than \$50,000 per year for entire entity (no tax due if revenue is less than \$50,000).

A Business granted ANNUAL reporting status by Revenue and Consumer Affairs must file a combined tax return if there is more than one location.

Tax forms are mailed to the last known address - failure to receive the form does not preclude the requirements to file timely.

☐ **YES** My annual worldwide gross income and/or value of products will be \$20,000 or less.  
Should my gross income and/or value of products be greater than \$20,000, I understand  
I will be responsible for additional license fees.

IF YOU PURCHASED THIS BUSINESS, DID YOU TAKE OVER ☐ THE ENTIRE BUSINESS ☐ ONLY A PORTION

FORMER OWNER'S NAME CURRENT ADDRESS CITY, STATE, ZIP TELEPHONE CUSTOMER NUMBER

## A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

As applicant, I \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. All information given is subject to verification with State of Washington, Department of Revenue.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT your NAME \_\_\_\_\_ TITLE \_\_\_\_\_

### **FEES DUE - MAKE CHECK PAYABLE TO CITY OF SEATTLE**

Business License Fee if OPEN date is January 1 - June 30 **\$ 90.00**

If \$20,000 or less in worldwide annual gross income **\$ 45.00**

Business License Fee if OPEN date is July 1 or later in year **\$ 45.00**

If \$20,000 or less in worldwide annual gross income **\$ 22.50**

Additional Seattle Locations \_\_\_\_\_ X \$10.00 = \$ \_\_\_\_\_

**TOTAL DUE** ..... \$ \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Initials Date

Processed by \_\_\_\_\_

Tax Forms Mailed \_\_\_\_\_

Enforcement \_\_\_\_\_

License # Issued \_\_\_\_\_